


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90002 003 ****61.25

DOCUMENT # N04000001128 1. Entity Name DUVALL PLACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1300 NW 17TH ST., SUITE 255 DELRAY BEACH, FL 33445			Mailing Address 1300 NW 17TH AVE., SUITE 255 DELRAY BEACH, FL 33445		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUBIN, STEVEN D 980 N. FEDERAL HWY. SUITE 434 BOCA RATON, FL 33432				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAVETT, STEPHEN E	NAME			
STREET ADDRESS	1300 NW 17TH ST., SUITE 255	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RANKIN, RICHARD M JR	NAME			
STREET ADDRESS	1300 NW 17TH ST., SUITE 255	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RANKIN, RICHARD M JR	NAME			
STREET ADDRESS	1300 NW 17TH ST STE 255	STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7/22/05 Daytime Phone # 561.243.9200			

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07132005 Chg-NP CR2E037 (10/03)

4. FEI Number **76-0727274** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**